

CERTIFICATE OF MAILING UNDER 37 CFR 1.8

I hereby certify that the correspondence to which this certificate is affixed, including each document referred to therein as being enclosed or submitted therewith, is being deposited with the United States Postal Service with sufficient postage as first class mail addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

By: *Lewis J. Kreisler*
Lewis J. Kreisler
Reg. No. 38522

Date: 3/2/04

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s):	Robert M. Lorence, et al.	Atty. Ref	18029
Appl. No.:	10/700,143	Group Art Unit:	Not Assigned
Filed:	November 3, 2003	Examiner:	Not Assigned
Conf. No.:	3847	Customer No.:	31976
Title:	TREATING CARCINOID NEOPLASMS WITH THERAPEUTIC VIRUSES		

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March 2, 2004

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Sir:

INFORMATION DISCLOSURE STATEMENT

Pursuant to 37 CFR 1.56, 1.97 and 1.98, the attention of the Examiner is directed to the documents listed on the enclosed Form PTO-1449. A copy of each listed document is enclosed.

Pecora, et al. (2002) reports that a patient with carcinoid malignancy had measurable tumor reduction, although less than 50% of the total tumor burden (Page 2259, right column, bottom). Pecora does not report that the patient had carcinoid syndrome.

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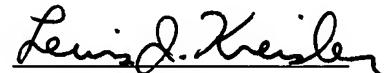
The attention of the Examiner is also directed to:

the Hotte abstract, penultimate paragraph;
the Hotte slide presentation, pages 4, 9 and 11;
the Lorence (December 12, 2002) slide presentation page 12;
the Lorence (November 6, 2002) slide presentation, page 10.

This Communication is being filed within three months of the filing date or before the mailing of a first Office Action on the merits. Consideration of this Statement is respectfully requested.

It is believed that no fee is required in connection with the filing of this Statement. If any fee is required, the Commissioner is hereby authorized to charge the amount of such fee to Deposit Account No. 50-1677.

Respectfully submitted,



Lewis J. Kreisler
Reg. No. 38522
Attorney for Applicant(s)

930 Clopper Road
Gaithersburg, MD 20878
Phone: (240) 631-2500 x3276
Facsimile: (240) 683-3794



PTO/SB/08B (10-01)

Approved for use through 10/31/2002. OMB 0651-0031

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Substitute for form 1449B/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(use as many sheets as necessary)

Sheet 1 of 1

Substitute for form 1449B/PTO		<i>Complete if Known</i>	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i>		Application Number	10/700,143
		Filing Date	November 3, 2003
		First Named Inventor	Robert M. Lorence
		Group Art Unit	1614
		Examiner Name	Not Assigned
Sheet	1	of	1
		Attorney Docket Number	18029

NON-PATENT PUBLICATIONS

Examiner Signature		Date Considered
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.